

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 6, 1996

ALL-COUNTY LETTER NO. 96-05

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL SPECIAL INVESTIGATIONS UNIT CHIEFS
ALL DISTRICT ATTORNEYS

SUBJECT: FORM DPA 482 - IEVS MANAGEMENT REPORT

The purpose of this letter is to transmit a new IEVS Management Report (DPA 482) and its instructions. This report is effective beginning with the January-March 1996 quarter and is due thirty (30) days after the end of the report quarter. For example, the January-March 1996 report will be due by May 1, 1996, to the Information Services Bureau.

The DPA 482 was developed as a result of substantial feedback and information provided by many of the IEVS user counties and the County Welfare Directors Association (CWDA) Research and Statistics Committee. The new form, DPA 482, meets the needs of the California Department of Social Services' (CDSS) Fraud Bureau and will provide additional and more accurate information on the Earnings Clearance Activities. This information will then be used to assess IEVS processing within CWDs, IEVS staffing levels, and the cost/benefit of the IEVS program. This report will replace the current procedure of counties having to return response documents for processed abstracts with discrepancies to the CDSS Fraud Bureau.

If you have any questions regarding the reporting process, please contact Virginia Uchida at 657-3289. IEVS program questions should be directed to Alex Kam at 445-0031.


J. GREVIOUS
Deputy Director
Administration Division

Enclosure

c: CWDA

**INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS) REPORT
OF ACTIVITIES AND FINDINGS****INTEGRATED FRAUD DETECTION SYSTEM**

County	County #
--------	----------

Reporting Wage Match Quarter:

PART A --ABSTRACTS (MATCHES)

TOTAL

AFDC

NAFS

1. Beginning Balance Brought Forward From Last Quarter
(Line 5 from last quarter)

2. Matches Received for Reporting Quarter

3. Total Matches (Line 1 plus Line 2)

4. Matches Processed During the Reporting Quarter (Line 4a plus 4b)

a. No Discrepancies

b. Matches with Errors

5. Total Matches Pending End of Quarter

PART B - ERRORS ONLY (CASES)

TOTAL

AFDC

ALL FOOD STAMPS

Cases\$
Amounts#
Cases\$
Amounts#
Cases\$
Amounts

1. Cases With Client Caused Errors

2. Overpayments/Overissuances Established

3. Overpayments/Overissuances Pending (Line 1 minus Line 2)

4. Potential Administrative Error

5. Cases Discontinued by Program

6. Individuals Only/Discontinued by Program

7. SIU/DA Referrals

PART C. COMMENTS:**REPORT PREPARED BY:**

NAME

TITLE

TELEPHONE NUMBER

DATE

**INSTRUCTIONS FOR THE DPA 482
INTEGRATED FRAUD DETECTION/EARNINGS CLEARANCE SYSTEM
IFD/ECS
REPORT OF ACTIVITIES AND FINDINGS**

INSTRUCTIONS

The County Welfare Department is responsible for ensuring that this report is fully completed. This report is to be received in Sacramento on or before the 30th calendar day of the month following the end of the report quarter. Send reports to:

California Department of Social Services
Information Services Bureau
744 P Street, Mail Station 12-81
Sacramento, CA 95814-5512

County: Enter your county's name.

Reporting Wage Match Quarter:

The reporting wage match quarter defines the period for which Integrated Fraud Detection/Earnings Clearance System (IFD/EVS) activity is to be counted. The report quarters will be January-March, April-June, July-September, and October-December. The report quarter is not to be confused with the wage quarter printed on the wage abstracts.

PART A - ABSTRACTS (MATCHES)

EXPLANATIONS FOR COLUMNS

Column 1, Total.

Enter total of Column 2 - Aid to Families with Dependend Children (AFDC) and Column 3 - Non-Assistance Food Stamps for Line Items 1-5 or explain in Part C, Comments.

Column 2, AFDC.

Enter the number of AFDC only and /or AFDC/PAFS abstracts received for the corresponding report quarter. This number should either be the number of abstracts received from the California Department of Social Services (i.e., for counties that receive printed abstracts from CDSS only) or the total number of abstracts produced by the county.

Column 3, Food Stamps.

Enter the number NAFS abstracts received for the corresponding report quarter. For purposes of this report, Food Stamp abstracts associated with General Relief/Assistance are to be counted as NAFS. This number should either be the number of abstracts received from the CDSS or the total number of abstracts produced by the county.

SPECIFIC LINE INSTRUCTIONS, PART A**Line 1. Beginning Balance Brought Forward From Last Quarter**

Enter the number of pending matches from all prior quarters that have not yet been completely processed. This should agree with Section A, Line 5, Total Matches Pending End of Quarter, of the previous quarter's report. If this number is not the same as in Section A, Line 5, enter the correct data for the current quarter's report and explain the reason for the discrepancy in Part C, Comments.

NOTE: For the initial report only, enter the number of pending abstracts prior to the April-June 1995 wage quarter that has not been processed. If a county is unable to identify the total number of unworked abstracts, enter your best estimate and explain under Part C. COMMENTS.

Line 2. Matches Received for Reporting Quarter

Enter the total number of abstracts received during the reporting quarter. This number should either be the number of abstracts received from CDSS or the total number of abstracts produced by the county for the corresponding wage quarter.

NOTE: For the initial report, this will be the number of abstracts (matches) produced for the April-June 1995 wage quarter.

Line 3. Total Matches (Line 1 plus Line 2)

Enter the total of Line 1 and Line 2.

Line 4. Matches Processed During the Reporting Quarter

Enter the number of abstracts (matches) processed during the reporting quarter. These totals should reflect all matches processed within the report quarter from the inventory of current and prior wage quarters.

NOTE: If three wage quarters are processed for one case, count three matches processed.

a. No Discrepancies

Enter the number of completed matches where "no discrepancy" is determined. No discrepancies are defined as either having no error or an overpayment/overissuance (OP/OI) less than \$35 that the county does not establish.

b. Matches with Errors

Enter the number of completed matches during the reporting quarter where an error is identified from the processing of the IEVS match. An error is any individual discrepancy or group of discrepancies with an OP/OI that is established.

Line 5. Total Matches Pending End of Quarter.

Subtract the total of Line 4 from Line 3.

SECTION B - ERRORS ONLY (CASES)

Unlike Section A that counted abstracts (matches), Section B is designed to capture the number of cases with errors. In Section B, if one case has multiple abstracts with errors, count this as one case error.

EXPLANATION FOR COLUMNS

Column 1. Total

Under Cases, Enter the total cases reported in Column 2 - AFDC and Column 3 - All Food Stamps during the report period. Under Dollar Amounts, enter the total dollar amounts reported in Column 2 - AFDC and Column 3 - All Food Stamps.

Column 2. AFDC

Under Cases, enter the total number of AFDC cases with errors during the report period. Under Dollar Amounts, enter the total dollar amount of AFDC overpayments established during the report quarter.

Column 3. All Food Stamps

Under Cases, enter the total number of All Food Stamps cases (PA and NA) with errors during the report period. Under Dollar Amounts, enter the total dollar amount of Food Stamp overissuances established during the report quarter.

NOTE: If a case has both an AFDC overpayment and a Food Stamp overissuance established, count it as one case under each program.

SPECIFIC LINE INSTRUCTIONS, PART B

Line 1. Cases With Client Caused Errors.

Enter the number of cases with client caused errors represented by the number of matches in Part A, Line 4b. If a case has both a client caused and potential administrative error, report it as client caused.

NOTE: For the initial report only, enter the number of cases with IEVS client caused errors prior to the April-June 1995 wage quarter in which an OP/OI has not yet been established. If a county is unable to identify the number of cases with client caused errors, enter your best estimate and explain in Part C, COMMENTS.

Line 2. Overpayments/Overissuances Established

Enter the number of cases and dollar amounts of OP/OI established during the report quarter (IEVS only).

Line 3. Overpayments/Overissuances Pending (Cases Only)

Enter the difference between Line 1 and Line 2.

Line 4. Potential Administrative Error

Enter the number of completed cases in which there was no client error but a potential administrative error was identified.

Line 5. Cases Discontinued by Program

If all members in the AFDC case were terminated, report the case under AFDC. If all members in the Food Stamp Household were terminated, report the case under All Food Stamps. In those situations where all members in the case were terminated from both AFDC and Food Stamps, report the case once under each program.

Line 6. Individuals Only/Discontinued by Program

Report the case here if at least one member of the Assistance Unit and/or Food Stamp Household was discontinued but the case continued to receive benefits. If a member was discontinued in an AFDC case, report the case under AFDC. If a member was discontinued in a Food Stamp case, report the case under All Food Stamps. If a member was discontinued from both AFDC and Food Stamps, report it once under each program.

Line 7. SIU/DA Referrals

Enter the number of cases referred to the Special Investigations Unit/District Attorney (SIU/DA) under each appropriate program. These may be overpayments/overissuances established or pending in Part B, Line 1 and Line 3.

SECTION C - COMMENTS

Discrepancies, special comments or explanations regarding data in this report should be referenced in the space provided. Additional pages may be attached as necessary.

MAKE SURE THE IDENTIFYING INFORMATION AT THE BOTTOM OF THE FORM IS COMPLETED. Provide the name, title and phone number of the person completing the report, as well as the date the report is completed.